

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145319	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/28/2024
NAME OF PROVIDER OR SUPPLIER Arc at El Paso		STREET ADDRESS, CITY, STATE, ZIP CODE 555 East Clay El Paso, IL 61738	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31682</p> <p>Based on record review and interview the facility failed to ensure a staff member treated a resident with respect for one of six residents (R1) reviewed for resident rights in the sample of five.</p> <p>Findings include:</p> <p>The facility's Resident Rights policy dated 02/2024 documents, Purpose: To promote the exercise of rights for each resident, including any who face barriers in the exercise of these rights. Exercising rights means that residents have autonomy and choice, to the maximum extent possible, about how they wish to live their everyday lives and receive care, subject to the facility's rules, as long as those rules do not violate a regulatory requirement.</p> <p>The facility's Concern/Compliment Form dated 7-1-24 documents, Nature of complaint: (R1) concerned that night shift CNA/Certified Nursing Assistant (V28) was acting weird. Correction action taken: Education to employee (V28) on resident rights and customer service.</p> <p>R1's MDS (Minimum Data Set) assessment dated [DATE] documents R1 is cognitively intact.</p> <p>On 7-26-24 at 9:40 AM R1 stated, One night the beginning of July (2024) my roommate put on his light. (V28) came into help my roommate and I asked (V28) to help me with my urinal. (V28) used the remote to my bed to elevate the head of my bed. My remote works backwards, so when (V28) pushed up the bed went down. I told (V28) the remote has always worked backwards and to leave the remote alone. (V28) got under my bed and messed with the cords anyway. When (V28) messed with the cords it blew a breaker in my room and my air mattress went flat. I said to (V28) 'Now I am really in a pickle.' (V28) got in my face, raised her voice, and said to me, Get your big boy pants on. I am not stupid. I said to (V28), no you are not stupid, but you are really annoying and should have left my remote alone like I told you to. (V28) was acting really weird. I feel like (V28) was not respectful and needed to learn customer service.</p> <p>On 7-26-24 at 11:00 AM V2 (Director of Nursing) stated, (V28) was given education about resident rights and treating (R1) with dignity and respect.</p> <p>On 7-26-24 at 12:30 PM V28 stated, I did try to fix (R1's) remote even though (R1) did not want me to fix it. I do not remember all that was said that night between me and (R1). I talk loud because of my hearing.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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